

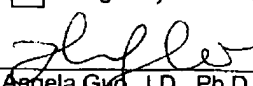
FEB 13 2009**FAX TRANSMISSION****DATE:** February 13, 2009**PTO IDENTIFIER:** Application Number 10/716,825
Patent Number**Inventor:** Stephanopoulos et al.**MESSAGE TO:** US Patent and Trademark Office**FAX NUMBER:** (571) 273-8300**FROM:** ROPES & GRAY LLP
Z. Angela Guo, J.D., Ph.D.**PHONE:** (617) 951-7546**Attorney Dkt. #:** MIN-P01-042**PAGES (Including Cover Sheet):** 15**CONTENTS:** Amendment Transmittal (1 page)
Reply and Amendment Under 37 CFR 1.111 (13 pages)

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ROPES & GRAY LLP
One International Place, Boston, Massachusetts 02110
Telephone: (617) 951-7000 **Facsimile:** (617) 951-7050

FEB 13 2009

AMENDMENT TRANSMITTAL LETTER				Docket No. MIN-P01-042	
Application No. 10/716,825		Filing Date November 18, 2003		Examiner A. D. Steele	
				Art Unit 1639	
Applicant(s): Stephanopoulos et al.					
Invention: SYSTEMS AND METHODS FOR PROVIDING DIAGNOSTIC SERVICES					
TO THE COMMISSIONER FOR PATENTS					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	26	- 35 =	0	x 26.00	0.00
Independent Claims	3	- 4 =	0	x 110.00	0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify):					
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					0.00
<input type="checkbox"/> Large Entity <input checked="" type="checkbox"/> Small Entity					
<input checked="" type="checkbox"/> No additional fee is required for this amendment.					
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed.					
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>18-1945</u> as described below. A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
 Z. Angela Gao, J.D., Ph.D. Attorney/Agent Reg. No.: 54,144				Dated: <u>February 13, 2009</u>	
ROPES & GRAY LLP One International Place Boston, Massachusetts 02110 (617) 951-7546					
I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted by facsimile to the Patent and Trademark Office, facsimile no. (571) 273-8300, on the date shown below. Dated: <u>2/13/09</u> Signature: <u>[Signature]</u> (Ginny Blundell)					

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Dated: 2/13/09

Signature: 

(Ginny Blundell)

Docket No.: MIN-P01-042
(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:
Stephanopoulos et al.

Application No.: 10/716,825

Confirmation No.: 7074

Filed: November 18, 2003

Art Unit: 1639

For: SYSTEMS AND METHODS FOR PROVIDING
DIAGNOSTIC SERVICES

Examiner: A. Steele

REPLY AND AMENDMENT UNDER 37 CFR 1.111

MS Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Madam:

This Reply and Amendment is being filed in response to the Office Action dated November 18, 2008. Please amend the above-identified U.S. patent application as follows:

Amendments to the Claims begin on page 2 of this paper.

Remarks/Arguments begin on page 6 of this paper.